



# Restarting Medicaid Renewals: The End of the Continuous Enrollment Requirement Bi-weekly Meeting #7

Medicaid Renewal Community Meeting

Department of Health Care Finance

June 21, 2023



# Presentation Overview



- **Medicaid Renewal Background**
- What's New This Week
- Overview of Non-MAGI Eligibility
- Key Information on Outreach and Medicaid Renewal
- Next Steps
- Q&A



# Medicaid Beneficiaries Will Have to Renew Their Coverage for the First Time in 3+ Years



- In March 2020, CMS temporarily waived the need to renew Medicaid coverage and states received a 6.2% financial boost to accommodate the increased enrollment.
- Medicaid enrollment has increased 20% since the start of the public health emergency – just over 300,000 District residents are now enrolled in Medicaid.
- At the end of 2022, Congress passed legislation ending the continuous eligibility requirement on March 31, 2023.
- The District restarted Medicaid eligibility **renewals beginning April 1, 2023**. (Alliance and Immigrant Children’s Program renewals started in July 2022), with the first group required to renew coverage before May 31, 2023 –last month!



# The District Must Go Through the Renewal Process for all Medicaid Beneficiaries Before Taking an Adverse Action



- MAGI Medicaid Beneficiaries (most adults under 65, pregnant women and children under 21, parents/caretaker relatives)
  - A *passive renewal* happens at the end of the month prior to mailing of renewal packets. If passively renewed, beneficiaries receive a notice their coverage is renewed and require no further action.
  - The first renewal notice is sent at the end of the month 60 days prior to certification end date.
  - If renewal not received or there are outstanding verifications a second notice of pending termination is sent 30 days prior to certification end date.
- Non-MAGI Medicaid Beneficiaries (Age 65+, blind, or person with a disability, SSI recipients, waiver participants)
  - The first renewal notice is sent at the end of the month 90 days prior to certification end date.
  - If renewal not received or there are outstanding verifications a second notice of pending termination is sent 30 days prior to certification end date.
- District Direct renewal sample notices are available on the [DHCF Website](#).
- Medicaid renewal packages have distinctive markings on the envelope.



# The District Has a 90-Day Renewal Reinstatement Period for Those Who Do Not Return by Their End Date



- There is a 90-day grace period for individuals who do not renew Medicaid ahead of their certification end date. The grace period allows additional time for individuals who fail to recertify timely in submitting their renewal.
- If the beneficiary is determined eligible for continued coverage, coverage will retroactively go back to the certification end date. If a provider provides care in this period, they will be reimbursed -if the individual recertifies within the grace period.
- Individuals can recertify their coverage in District Direct, mail, service center, fax, etc. by submitting their renewal form or completing a renewal online up to 90 days after their recertification end date.
- Individuals attempting to recertify their coverage after 90 days following their recertification end date will be required to **submit a new application**.
  - The grace period for the May cohort ends on 8/30; From 9/1/23 and forward this cohort will be required to submit a new application to reactivate their benefits.



# Presentation Overview



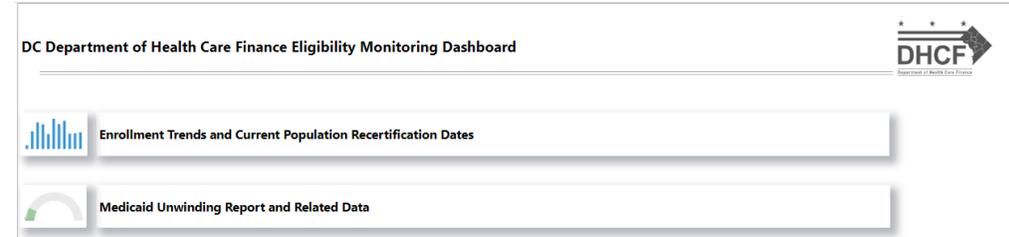
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# UPDATE SINCE LAST MEETING: Eligibility Dashboard Refreshed



- Data at <https://dhcf.dc.gov/eligibilitydashboard> has been refreshed to include updated information for beneficiaries who:
  - Previously received a renewal notice (non-disabled children and adults under 65 due in May-June; people with disabilities and those age 65+ due in June-July).
  - Newly received a notice in June (non-disabled children and adults under 65 due in July; people with disabilities and those age 65+ due in August).
- Among beneficiaries **due in May**, nearly 80% have renewed or are pending. Most who lost coverage had no response flagged in District Direct.
- Among those **due in June**, many currently show as potential coverage loss because there is no renewal response flagged in District Direct. DHCF expects that additional beneficiaries will move to the pending category by the end of June and will therefore have coverage extended until a final determination of eligibility or ineligibility is made.
- Among those **due in July**, passive renewals (i.e., coverage automatically extended based on electronic data checks) are low. July is the first month with renewals due for beneficiaries who were kept enrolled during the public health emergency but had income or other changes that made them appear ineligible. Because these individuals are already known to appear ineligible, most are not able to renew based on electronic checks.
- For **all groups** whose renewal is currently due or past due in a 90-day grace period, the number in a renewed, pending, or determined ineligible status can continue to increase as renewals are returned and processed. Similarly, the number in the terminated category will decrease.





# UPDATE SINCE LAST MEETING: Nearly 80% of Beneficiaries Due in May Are Renewed or Pending



- **Approximately 14,500 beneficiaries were due to recertify by the end of May.** This group largely reflects non-disabled children and adults under age 65 with 60-day notices mailed by April 1.
  - Of that total, 76% (11,000) are **renewed** as of June 15.
    - 66% were renewed passively (extended by DHCF based on electronic checks alone).
    - 10% were renewed non-passively (beneficiary provided information needed to extend their coverage).
  - 3% (500) are **pending** (renewal is flagged in District Direct but requires verification(s) from beneficiary or processing by caseworker).
  - 21% (3,000) are **disenrolled**.
    - Less than 1% (fewer than 100) were determined ineligible (beneficiary provided information indicating they no longer qualify).
    - Remaining 20% (2,900) had no response (renewal not flagged in District Direct). These are referred to as “procedural terminations.”
    - Among the disenrolled, nearly two-thirds are adults aged 21-64 and just over one-third are children (not shown in current dashboard).

**Outcomes to Date for Beneficiaries with Medicaid Renewal Initiated, Number by Renewal Due Month**

Due month	Renewal initiated	Renewed	Renewed: Passive	Renewed: Non-passive	Pending	Terminated or potential to be	Terminated: Ineligible	Terminated: Non-response
2023-05	14,504	10,990	9,522	1,468	503	3,011	77	2,934
<b>Total</b>	<b>14,504</b>	<b>10,990</b>	<b>9,522</b>	<b>1,468</b>	<b>503</b>	<b>3,011</b>	<b>77</b>	<b>2,934</b>
2023-05	100.0%	75.8%	65.7%	10.1%	3.5%	20.8%	0.5%	20.2%
<b>Total</b>	<b>100.0%</b>	<b>75.8%</b>	<b>65.7%</b>	<b>10.1%</b>	<b>3.5%</b>	<b>20.8%</b>	<b>0.5%</b>	<b>20.2%</b>

- The **renewed and pending categories will continue to increase** during the 90-day grace period. For example, there were 3,300 terminations from the May group as of June 1. By June 15 this had decreased to 3,000 as additional renewals were processed.





# UPDATE SINCE LAST MEETING: Most Beneficiaries Due in May

## Who Lost Coverage Had No Renewal Response

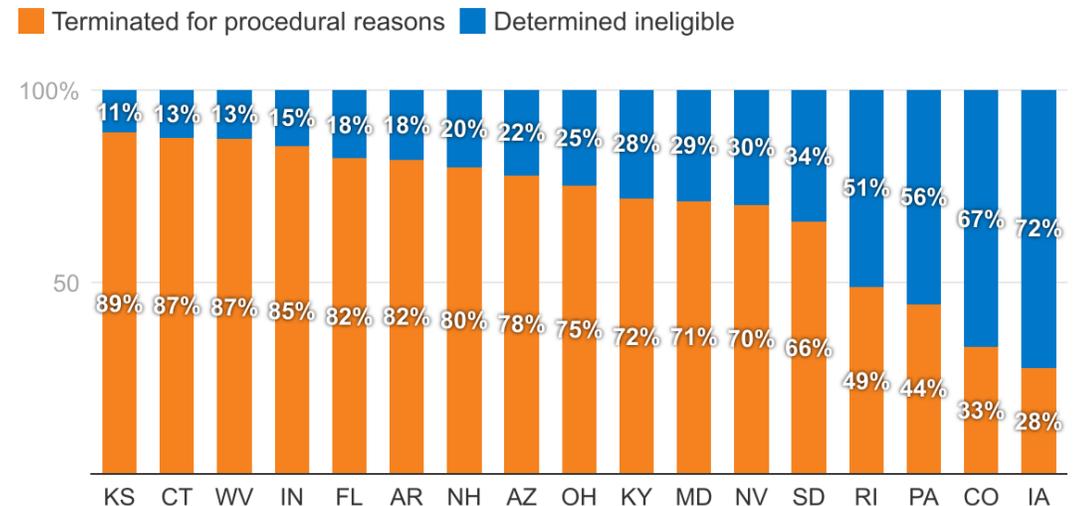


- Among the 3,000 beneficiaries due in May who are disenrolled as of June 15, **reasons for coverage loss:**
  - 2% (fewer than 100) responded and were determined ineligible.
  - 98% (approximately 2,900) had no renewal response flagged in District Direct. This 98% is referred to as a procedural termination rate.
- The District’s procedural termination rate is high relative to other states that currently have public data.\*
  - This is due in part by the fact that the **District has the highest eligibility levels in the nation** for parents (221% of the federal poverty level) and childless adults (215% FPL).
  - High eligibility levels mean that most people who return a renewal will be found eligible and very few will be determined ineligible. As a result, most of the people losing coverage are those who do not respond, leading to a high procedural termination rate.
- As noted in this community meeting and others, DHCF is conducting ongoing outreach to ensure that beneficiaries know when it’s time to renew their coverage and can receive help if they need it.

Figure 2

Overall, 74% of disenrollments are due to procedural reasons, among states reporting as of June 16, 2023

Share of Disenrollments for Procedural Reasons vs. Being Determined Ineligible:



NOTE: Procedural disenrollments occur when the state cannot verify an individual's ongoing eligibility at renewal. Percentages are calculated from total disenrollments. Several states report unwinding data without information on reason for disenrollment and are not shown in this figure.

SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS



\* <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>



# UPDATE SINCE LAST MEETING: Selected Information on Characteristics of Beneficiaries Due in May by Renewal Status



- Among the 14,500 beneficiaries due to recertify by the end of May (largely non-disabled children and adults under 65), **there were not substantial differences in renewal rates by age, gender, eligibility category, and managed care plan.** For example:
  - 75% of children under age 21 renewed, compared to 76% of those age 21-64.
  - Female beneficiaries were slightly more likely to renew (77%) than male beneficiaries (74%).
  - Childless adults accounted for the largest group due in May, with a 76% renewal rate. Parents and caretaker relatives had a 77% renewal rate. As noted above, 75% of children renewed.
  - Renewal rates for the three managed care plans (Amerigroup, AmeriHealth, MedStar) that enroll nearly all beneficiaries due in May ranged from 74% to 77%.
- Those whose renewal is completed or pending are more likely to have recent service use (e.g., health care provider visit, prescription fill, etc.) than those who lost coverage.
  - Among those who have renewed, 78% used services in the past year.
  - Among those whose renewal is currently pending (not yet determined eligible or ineligible), 88% used services in the past year.
  - Among those who lost coverage, 70% used services in the past year.
- Additional information on beneficiary characteristics by renewal status will be provided as part of DHCF's data update in July.



# UPDATE SINCE LAST MEETING: Among Those Due in June, Many Currently Show As Potential Coverage Loss



- Approximately 21,600 beneficiaries are due to recertify by the end of June, including:
  - 19,400 non-disabled children and adults under age 65 with 60-day notices mailed by May 1.
  - 2,200 people with disabilities and adults age 65+ with 90-day notices mailed by April 1.

Notice month	Due month	Due month	Renewal initiated
2023-05	2023-06	2023-06	19,447
Notice month	Due month	Due month	Renewal initiated
2023-04	2023-06	2023-06	2,174

- Of those, 66% (14,200) are renewed or pending as of June 15, including:
  - 70% (13,600) of non-disabled children and adults under 65.
  - 25% (600) of people with disabilities and adults age 65+.

**Outcomes to Date for Beneficiaries with Medicaid Renewal Initiated, Percentage by Renewal Due Month**

Due month	Renewal initiated	Renewed	Renewed: Passive	Renewed: Non-passive	Pending	Terminated or potential to be
2023-06	100.0%	61.2%	53.9%	7.3%	4.6%	34.2%
<b>Total</b>	<b>100.0%</b>	<b>61.2%</b>	<b>53.9%</b>	<b>7.3%</b>	<b>4.6%</b>	<b>34.2%</b>

- For most of the remaining 34% (7,400), there is no renewal response currently flagged in District Direct.
  - DHCF expects that additional beneficiaries will move to the pending category by the end of June and will therefore have coverage extended until a final determination of eligibility or ineligibility is made.
  - Among 5,800 non-disabled children and adults in this category, approximately 60% are age 21-64 and 40% are under age 21.
  - Among 1,600 people with disabilities and adults age 65+ in this category, groups include: home and community-based waiver enrollees (~400); nursing facility residents (~200); other individuals with full Medicaid benefits (~400); and those whose Medicaid coverage is limited to payment of Medicare premiums and cost sharing (~600).





# UPDATE SINCE LAST MEETING: DHCF Plans to Extend Coverage for 6/30 and 7/31 Non-MAGI Certification End Dates



- In response to current Non-MAGI renewal rates, DHCF plans to extend Non-MAGI certification end dates for the 6/30 and 7/31 cohorts **by 30 days**.
  - During this time DHCF will continue to work with LTSS providers, Case Managers, MCO partners, and care teams to ensure that required elements of renewal submissions are submitted and requested in a timely manner.
  - DHCF will work with our federal partners at CMS for concurrence with the proposed extension, as required by [June 12, 2023 HHS Secretary Letter to Governors](#).
  - Those who received letters of pending termination will receive additional information to inform them of the extension.
- Additional strategies DHCF is already implementing or considering to minimize terminations during unwinding:
  - Renew Medicaid eligibility based on financial findings from the Supplemental Nutrition Assistance Program for Non-MAGI. (being implemented)
  - Extend the 90-day reconsideration period for non-MAGI populations during the unwinding period. (being implemented)
  - Reinstate eligibility effective on the individual's prior termination date for individuals who were disenrolled based on a procedural reason and are subsequently redetermined eligible for Medicaid During a 90-day Reconsideration Period. (being implemented)
  - Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an ex parte basis (100% income strategy). (under consideration)
  - Permit managed care plans to assist enrollees to complete and submit Medicaid renewal forms. (under consideration)



# UPDATE SINCE LAST MEETING: Among Those Due in July, Passive Renewals Are Low



- Among those due in July, passive renewals (i.e., coverage automatically extended based on electronic data checks) are low relative to May and June.
  - Among those due in May, 66% were passively renewed. This month included only non-disabled children and adults, who have the highest passive renewal rates.
  - Among those due June, 60% were passively renewed. This was the first month to include people with disabilities and those age 65+, many of whom require additional information to determine their eligibility and therefore cannot be passively renewed.
  - Among those due in July, 24% were passively renewed.
- Reasons for the low passive rate in July include:
  - July is the first month with renewals due for beneficiaries who were kept enrolled during the public health emergency but had income or other changes that made them appear ineligible. Because these individuals (~10,000) are already known to appear ineligible, most are not able to renew based on electronic checks. After removing these “PHE beneficiaries” from the calculation, the passive rate is closer to 40% for non-disabled children and adults under age 65.
  - Cases with outstanding verifications are not sent for a passive check and will therefore receive a non-passive notice. For example, those who recently updated their address may have an outstanding verification because a caseworker has not cleared it and/or the beneficiary has not responded to a request for documentation if necessary.
- DHCF is reviewing options to increase the passive renewal rate in future months.



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# Long Term Services & Supports (LTCSS) Renewals



- The District Direct Partner Portal was launched on February 27, 2023.
- All Medicaid long-term care (nursing home & waiver services) applications, changes and renewals are submitted through the portal. LTSS providers in the District have access to the Partner Portal and submit renewals on behalf of beneficiaries.
- LTSS beneficiaries should be aware of their case management agency, especially beneficiaries who receive waiver services in their home. If you receive a renewal and your case management agency has not been notified, please ensure you inform them that you have received your renewal, so they may assist you in completing and returning your renewal.
- Beneficiaries receiving LTSS **should not** be submitting renewals on their own but should work with their case manager, service coordinator, health plan or health care facility to complete the renewal form.



# You Can Assist by Increasing Awareness and Usage of the Prescription Order Form to Complete EPD Waiver Renewals



## There are Concerns About Timely Submission of LOC Assessments

- DHCF is Concerned About Timely Requests for Assessments: Medicaid beneficiaries in the Elderly and Persons with Disabilities Waiver program need level of care (LOC) assessments in a timely manner to successfully renew their Medicaid coverage.
  - *The LOC assessment can only be ordered by a Medicaid-enrolled, licensed physician or APRN.*
- Providers Need to Submit Prescription Order Forms: The DHCF Prescription Order Form (POF) is required to request a LOC assessment for Long Term Services and Supports- and they must be submitted by fax or electronically to Liberty, our vendor for LOC assessments.

## What You Can Do to Increase Awareness

- Use any methods you have to contact providers to submit POFs for LOC assessments timely –you may draw on material that will be emailed to certain groups and posted on the Medicaid Renewal website



## Key Advice to Successful Renewals Include Attaching Information, Responding Timely, and Having Accurate Contact Info



- Ensure your contact information is correct
- Submit renewal upon receipt
- Submit renewal with income and residency verification attached
- Respond timely to any request for information (RFI) that you receive
- LTCSS providers ensure that a level of care is included with the renewal



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# The District is Conducting Outreach to Beneficiaries Through as Many Mediums as Possible



- DHCF will send Renewal Packets to beneficiaries who cannot passively renew coverage.
- The District will text the cell numbers of beneficiaries to ask beneficiaries to update their address and/or complete their renewal packet.
- The District will conduct automated phone calls to ask beneficiaries to update their contact information and/or complete their renewal packet.
- The District will send emails to beneficiaries with the appropriate information to let them know about Medicaid Renewal and the need to update their address and renew their coverage.
- The District will send push notifications to beneficiaries who have downloaded the District Direct mobile app

• DHCF is training groups such as this one on how to update contact information and renew Medicaid

# The District Has Multiple Ongoing Methods of External Outreach -And Wants to Join Your Meetings Too!



- The District wants to join meetings of key stakeholders to explain Medicaid Renewal
  - DHCF staff would attend meetings hosted by your stakeholder group -or that you know about –*send invites to us via email at [Medicaid.restart@dc.gov](mailto:Medicaid.restart@dc.gov)*.
- The District is providing ~monthly Stakeholder Trainings on the District Direct enrollment process, updating addresses, and renewing Medicaid –next is in **July**
- The District created a website with information on Medicaid Renewal and the End of the Public Health Emergency that will host the Unwinding Plan, Stakeholder Toolkit, meeting info, etc.
- The District is hosting regular Community Stakeholder meetings such as this every other week - continuing every-other-Wednesday at 2:30 p.m. -**next is on Wednesday, July 5, 2023**
  - *Please email [Medicaid.restart@dc.gov](mailto:Medicaid.restart@dc.gov) to join the meetings and related mailing list if not on it already*
- The District has hired a contractor to place visuals and audio Advertisements for Medicaid Renewal around the District continuing throughout 2023.



# Consumer Alert: Beware of Medicaid Renewal Scams!



## Beware of Medicaid Renewal Scams

The DC Department of Insurance, Securities and Banking (DISB) is warning District consumers to be on guard against fake Medicaid renewal scams. During the COVID-19 pandemic, the review of Medicaid eligibility for enrolled clients was paused. Jurisdictions, including the District of Columbia, are now returning to pre-pandemic renewal plans. As a result, scam artists may increase efforts to defraud unsuspecting consumers!

### How is the Scam Perpetrated?

Scammers impersonate Medicaid representatives, and claim coverage is being canceled or benefits have been lost. Personal information such as social security number, Medicaid ID, and bank account information is requested immediately to renew enrollment, resulting in identity theft. Scammers may also threaten you with civil or criminal penalties and demand that you pay a fee to continue receiving benefits.



# Consumer Alert: Beware of Medicaid Renewal Scams!



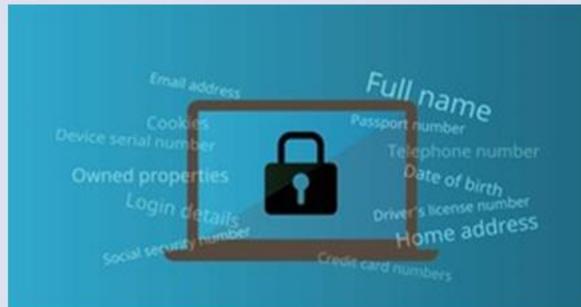
## Know the Facts



Medicaid will not call or email individuals to ask for personal information. Renewal information is typically mailed to you. Clients can renew coverage online, by mail or in person. Importantly, there is no fee to renew Medicaid coverage. If anyone requests payment, it's a scam!

## Protect Yourself

Be cautious about providing personal information over the phone or online. Never share your social security number, Medicaid ID, or bank information, or any other personally identifiable information (PII) without verifying that the request is legitimate.



If you are contacted about renewing Medicaid coverage, do not provide PII. Hang up or delete the email and contact your local Medicaid office to confirm whether there are issues.

## Report Fraud

If you are the victim of a fake Medicaid renewal scam, report it to one of the following government agencies:

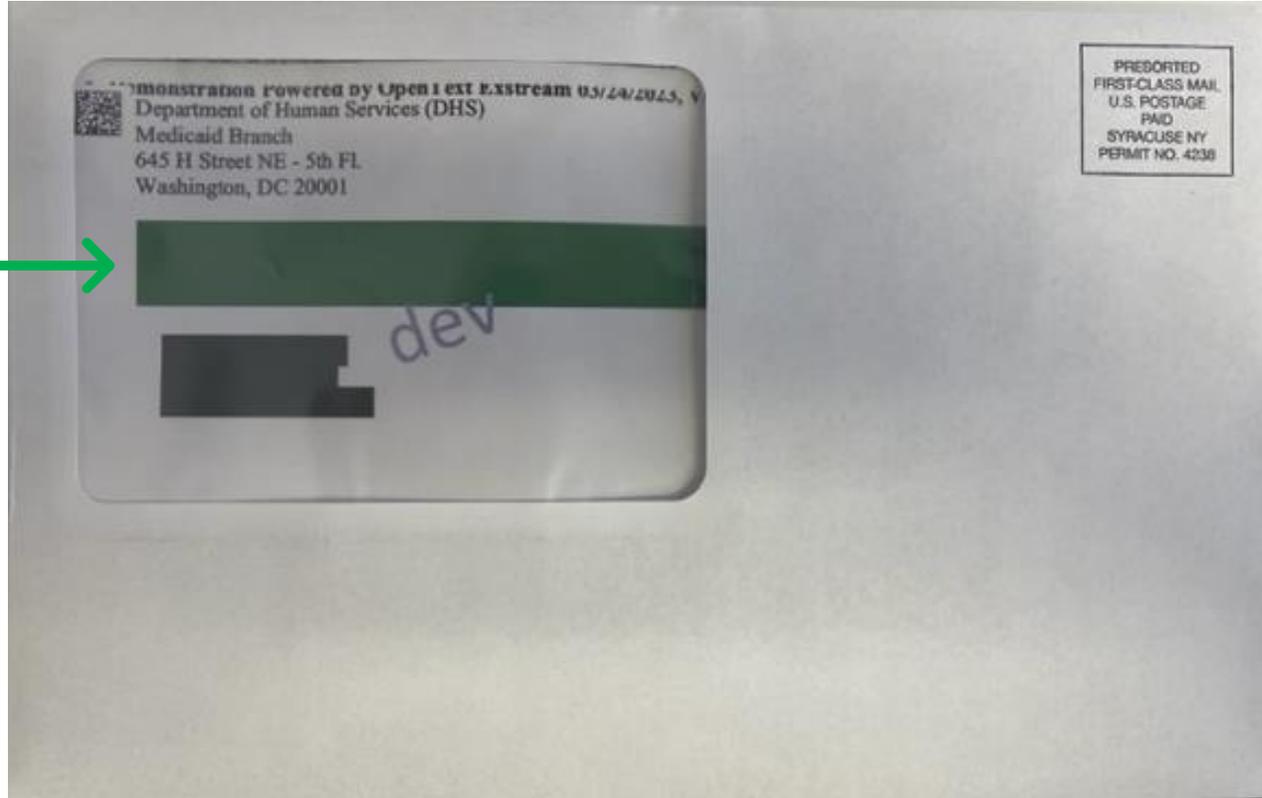
1. DISB Enforcement and Consumer Protection Division, 202.727.8000.
2. Federal Bureau of Investigation (FBI) Internet Crime Complaint Center ([IC3gov](https://www.ic3.gov)) or call the FBI Washington Field Office at 202.278.2000.
3. Federal Trade Commission, [ftc.gov](https://www.ftc.gov).



# Look Out For An Envelope that Looks Like This!



Look for the green line here





# Look Out For These Renewal Documents in the Mail!



GOVERNMENT OF THE DISTRICT OF COLUMBIA




**SAMPLE NOTICE: Non-MAGI Renewal Form**

**Renewal Form for Medical Assistance**

It is time to renew your **Aged, Blind, Disabled (ABD)** medical assistance coverage. You must renew your medical assistance coverage at least once a year. You must complete and return this renewal form and copies of all required documents by **6/06/30/2023** to keep your medical assistance coverage. As you complete this form, please tell us any changes that have occurred.

If there is a change in your benefits, you will get

GOVERNMENT OF THE DISTRICT OF COLUMBIA




**SAMPLE NOTICE: Long Term Care Renewal Form**

Notice Date: 04/01/2023 Account ID: 999999999

JOHN DOE  
441 4<sup>TH</sup> STREET, NW  
WASHINGTON, DC 20001

**Subject: Important Message About Determining Your Medical Assistance Coverage**

Dear JOHN DOE:

It is time to renew your **long term care** medical assistance coverage. You must renew your medical assistance coverage at least once a year. You must complete and return the attached renewal form and copies of all required documents by **6/30/2023** to keep your long term care medical assistance coverage.

Please return this page in the enclosed envelope

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**Medical Assistance Renewal Form D2**

April 1, 2023

John Doe  
441 4th Street, NW  
Washington, DC 20001

Integrated Case #: 99999

It is time to renew your health coverage. Please respond by **<Date Field>** to avoid gaps in your coverage.

**You can renew your Health Coverage in any one of these**

- **By mail:** Complete this form and mail it in the enclosed envelope to:  
Attention:  
Department of Human Services  
Economic Security Administration  
Outstation/Medicaid Renewal Unit



# Save Time! Submit Your Renewal Online!



**Medicaid beneficiaries may submit their completed renewals:**

- **Online**: District Direct allows beneficiaries to complete their renewal, report changes, submit verifications, and view notices online or through the mobile app. Beneficiaries may visit <https://districtdirect.dc.gov/> or download the mobile app through the Apple App Store or Google Play. **Please encourage beneficiaries to complete their renewal online!**
- **By Phone**: Call Center (202) 727-5355; Language & Translation Line 1-855-532-5465
- **Mail**  
Department of Human Services | Economic Security Administration  
Case Record Management Unit  
P.O. Box 91560 Washington, DC 20090
- **Drop-off at a Service Center**
- **Fax at (202) 671-4400**



# District Direct is available online in English, Spanish, and Amharic



[Home](#)

[Create Account](#)

[Log in](#)

English

Español

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## Welcome to District of Columbia Benefits Portal

Apply for SNAP, TANF/Cash Assistance and Medical Benefits or learn more about all our offered benefits

[Apply Now](#)

[Learn More About Benefits](#)





# DHCF is Working with The Health Benefits Exchange and DC Health Link to Ensure Continuity and Access of Health Coverage



- DC Health Link: DC Health Link is the health care exchange program in the District of Columbia ensuring access to quality and affordable health care to all DC residents. DC Health Link, coordinates benefits and create a "no-wrong-door" environment for District residents seeking help with insurance coverage and costs.
- Relationship with Medicaid Renewal: DC Health Link can find health coverage if a beneficiary no longer qualifies for Medicaid but may qualify for other health plans
  - DC Health Link may also be the first place some beneficiaries go to find or renew coverage
- Recording of Presentation on 4/26: You can find a recording of the presentation DC Health Link made on 4/26 on the Medicaid Renewal website at <https://dhcf.dc.gov/medicaid-renewal>
  - DC Health Link is making sure that representatives are here and at future meetings

# The District is Doing Dedicated Outreach to Special Populations



- **Senior Beneficiaries**
  - DHCF is partnering with DACL to train their staff and senior service network on the renewal process.
  - Seniors are able to access in-person assistance at Senior Wellness Centers and 40+ Community Dining Sites across the District.
  - The Deaf and Hard of Hearing Senior Center and Senior Center for the Blind have also committed to assisting seniors with applications.
- **Beneficiaries Living with Disabilities**
  - DHCF is training employees at DDS and their providers to help beneficiaries.
- **Beneficiaries Experiencing Homelessness**
  - DHCF is meeting with outreach staff, shelter case workers, and adult day centers that work with beneficiaries experiencing homelessness to ensure they are prepared to spread the word and assist beneficiaries with completing their renewals.



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# Medicaid Renewal: Next Steps



- Advertisements and outreach are ongoing. Look for our messaging on advertisements and fliers throughout the community.
- Automated Calls and Texts will continue monthly to beneficiaries whose coverage is due to be renewed
- DHCF will host ~monthly trainings on District Direct and how to complete Medicaid renewal form. The next monthly training will be on June 21, 2023 @ 6:00 PM.
- The next Community Meeting on Medicaid Renewal will be July 5, 2023 @ 2:30 PM and continue every 2 weeks.
- Please contact [Medicaid.renewal@dc.gov](mailto:Medicaid.renewal@dc.gov) for more information or to get connected to the meetings and trainings.



# Questions and Comments



Learn more about DC Medicaid Renewals:

<https://dhcf.dc.gov/medicaid-renewal>

Medicaid Renewal

[Medicaid.Renewal@dc.gov](mailto:Medicaid.Renewal@dc.gov)



## Appendix A: Acceptable Verifications of Income



*The following types of documents can be used to verify income:*

- Recent pay stubs (four weekly, two bi-weekly, or one monthly);
- Completed employer verification form;
- Statement showing retirement income, disability income, workers compensation income or pension statement;
- Bank/Checking account statement;
- Paper, electronic, or telephonic documentation;
- A written statement which explains the discrepancy if other documentation is not available.



## Appendix B: Acceptable Verifications (Residency)



The following types of documents can be used to verify residency:

- An active lease agreement, certified deed, or mortgage statement with a District and their name;
- Phone or Utility bill within the past 2 months;
- D.C. Voter Registration Card;
- Non-expired D.C. motor vehicle registration or D.C. DMV identification card;
- Cancelled check or receipt of mortgage or rental payments within the past 2 months;
- Utility bills and payment receipts with a D.C. address within the past 2 months;
- Non-expired automobile insurance statement with a D.C. residency address;
- D.C. One Card; or
- Completed and signed proof of D.C. Residency Form



# Eligibility Categories are Based on Federal Poverty Limits



Parent Caretaker 2023 FPL	
<i>The District covers this population with household income up to 216% of the FPL (with an additional 5% disregard)</i>	
Category	Parent/Caretaker/Relative
Threshold in FPL	216% + 5% disregard
1 person household, monthly	\$2,685
2 person household, monthly	\$3,632
3 person household, monthly	\$4,578
4 person household, monthly	\$5,525
5 person household, monthly	\$6,472
6 person household, monthly	\$7,418
7 person household, monthly	\$8,365
8 person household, monthly	\$9,311
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services	

Infants and Children 2023 FPL		
<i>The District covers this population with household income up to 319% and 216% of the FPL (with an additional 5% disregard)</i>		
Category	Children (0-18), 319%	Children (19-20), 216%
Threshold in FPL	319% + 5% disregard*	216% + 5% disregard*
1 person household, monthly	\$3,937	\$2,685
2 person household, monthly	\$5,324	\$3,632
3 person household, monthly	\$6,712	\$4,578
4 person household, monthly	\$8,100	\$5,525
5 person household, monthly	\$9,488	\$6,472
6 person household, monthly	\$10,876	\$7,418
7 person household, monthly	\$12,263	\$8,365
8 person household, monthly	\$13,651	\$9,311
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services		



# Eligibility Categories are Based on Federal Poverty Limits



<b>Pregnant 2023 FPL</b>	
<i>The District covers this population with household income up to 319% of the FPL (with an additional 5% disregard)</i>	
Category	Pregnant Individual
Threshold in FPL	319% + 5% disregard
2 person household, monthly	\$5,324
3 person household, monthly	\$6,712
4 person household, monthly	\$8,100
5 person household, monthly	\$9,488
6 person household, monthly	\$10,876
7 person household, monthly	\$12,263
8 person household, monthly	\$13,651
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services	

<b>Adults without Dependent Children (Childless Adults) 2023 FPL</b>	
<i>The District covers this population with household income up to 210% of the FPL (with an additional 5% disregard)</i>	
Category	Adults Without Dependent Children
Threshold in FPL	210% + 5% disregard*
1 person household, monthly	\$2,612
2 person household, monthly	\$3,533
3 person household, monthly	\$4,454
4 person household, monthly	\$5,375
5 person household, monthly	\$6,296
6 person household, monthly	\$7,217
7 person household, monthly	\$8,138
8 person household, monthly	\$9,059
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services	



# Eligibility Category QMB-Federal Poverty Limits



QMB 2023 FPL		
<i>The District covers this population with household income up to 300% of the FPL (with an additional \$20 for QMB Plus)</i>		
Category	QMB	QMB Plus
Threshold in FPL	300% + \$20	100% + \$20
1 person household, monthly	\$3,665	\$1,235
2 person household, monthly	\$4,950	\$1,663
3 person household, monthly	\$6,235	\$2,092
4 person household, monthly	\$7,520	\$2,520
5 person household, monthly	\$8,805	\$2,948
6 person household, monthly	\$10,090	\$3,377
7 person household, monthly	\$11,375	\$3,805
8 person household, monthly	\$12,660	\$4,233
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services (+5% income disregard)		



# Appendix C: Key Tips to Connect District Direct Accounts to Beneficiaries



- Some individuals recertifying will need to connect their account to their established case profile in District Direct.
  - **Note:** This is a result of the District switching from the legacy eligibility processing system (ACEDS) during the PHE
- Primary Applicants can connect their account using their Social Security Number, Medicaid ID Number, or Person Reference Number
- A SSN is **NOT** needed to connect a newly created District Direct account to a primary applicant's case profile
  - **Note:** Primary applicants in a household can use their Personal Reference Number instead of an SSN
- *Please note that the name used to connect must match what is currently in the system. Names listed on notices reflect what is in the system. For example, if the name in the system is John Doe-Smith, that must be used to connect instead of John Doe.*



# Appendix D: What Can Stakeholders Say to Beneficiaries?



## What Beneficiaries Can Do Right Now

- Don't Wait to Update!: Update your contact information by logging into District Direct. If DHCF does not have the proper contact information, you will not receive notice of the need to renew your coverage through the mail or other means!
- Check Your Mail: DHCF will mail you a letter about your Medicaid, Alliance, or ICP coverage. This letter will also let you know when it's time to complete your renewal.

## What To Do After Receiving Your Renewal Notice

- Complete your renewal by using [districtdirect.dc.gov](https://districtdirect.dc.gov) or fill out the form and mail/fax/drop at Service Center immediately to help avoid a gap in your coverage.



# Appendix E: DC Healthy Families MCOs are Engaged in a Variety of Medicaid Renewal Activities



The MCOs continue to conduct Medicaid renewal outreach activities which include:

Community Outreach Events	Sending text messaging	Social media updates and posting videos	Home visits (door knockers)	Mailing flyers	Robo and staff calls	Ads in community publications	Participate in DHCF trainings community updates
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MCOs may have wellness centers that offer access to Wi-Fi, computers, and printers to assist with completing renewals. MCO staff are available to answer questions as well.



For enrollees who are slated to lose Medicaid coverage the end of June, the MCOs are conducting targeted phone calls, text messages, and home visits.